

December 21, 2015

Acting Administrator Andy Slavitt
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8016

Dear Mr. Slavitt:

The undersigned organizations share a commitment to advancing the health and economic security of individuals and families with Marketplace coverage and with Medicare. We are writing to respond to the request for comment on unmet notification needs for Marketplace enrollees nearing Medicare eligibility in the proposed Notice of Benefit and Payment Parameters for 2017 (CMS–9937–P).¹ We applaud the Centers for Medicare and Medicaid Services (CMS) for seeking input on this important issue, and we urge the agency to develop a system to screen and notify people who have or who are seeking Marketplace coverage about approaching Medicare eligibility.

People with Marketplace coverage nearing Medicare eligibility face many obligations—to enroll in Medicare in a timely way, to notify their Marketplace plan about their Medicare eligibility, and to cancel their Marketplace plan. Despite these responsibilities, people with Marketplace plans receive no notice about their Medicare eligibility unless they are auto-enrolled in Medicare because they receive Social Security cash benefits. In addition, Marketplace enrollees receive no notification that their access to premium tax credits automatically terminates when they become Medicare eligible.

These notification gaps put people in the Marketplace who are nearing Medicare eligibility at risk. Honest enrollment mistakes can lead to lifetime premium penalties, gaps in coverage, disruptions in access to needed care, and tax penalties resulting from the loss of premium tax credits and delayed Medicare enrollment. To avoid these consequences, it is imperative that CMS develop a multi-pronged system to adequately screen, notify, and educate individuals about how and when to seamlessly transition from the Marketplace to Medicare.

We support the concept of online “pop-ups” referenced in the proposed rule, but we strongly encourage the agency to take this concept further. We urge CMS to ensure that individuals nearing Medicare eligibility who are enrolled in Marketplace plans receive notification outlining basic Medicare enrollment rules, alerting enrollees to the possible loss of premium tax credits, and explaining the potential consequences of delayed Medicare enrollment. Further, we urge CMS, as operator of the Federal Marketplace, to screen individuals for Medicare eligibility, just as it screens for other forms of coverage, including expansion Medicaid and the Children’s Health Insurance Program (CHIP). CMS should also issue regulations requiring screening for Medicare eligibility by State Marketplaces.

To help Marketplace enrollees avoid the harmful pitfalls that accompany a mismanaged transition to Medicare, CMS must develop a comprehensive screening and notification system that includes the components described above. We encourage CMS to engage multiple and diverse stakeholders, including consumer advocates, health insurers, and States, as the agency explores how to develop and implement such a system.

¹ Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017 [CMS–9937–P] 45 CFR Parts 144, 146, 147, 153, 154, 155, 156, and 158 (pg. 156)

If you have questions, please contact Stacy Sanders, Federal Policy Director of the Medicare Rights Center, at ssanders@medicarerights.org or 202-637-0961. Thank you for the opportunity to comment on this important concern for Marketplace enrollees and their families.

Sincerely,

AARP

Aetna

AFL-CIO

Aging Life Care Association

Alliance for Retired Americans

America's Health Insurance Plans (AHIP)

American Association on Health and Disability

American Cancer Society Cancer Action Network

American Heart Association/American Stroke Association

American Society on Aging

Anthem

Association for Gerontology and Human Development in Historically Black Colleges and Universities

Association of University Centers on Disabilities (AUCD)

Blue Shield of California

BlueCross BlueShield Association

B'nai B'rith International

California Health Advocates

CareFirst BlueCross BlueShield

Caring Across Generations

Center for Elder Care and Advanced Illness

Center for Medicare Advocacy, Inc.

Community Catalyst

Disability Rights Education and Defense Fund (DREDF)

Enroll America

Families USA

Health Care Service Corporation

Humana

International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW)

Justice in Aging

Lakeshore Foundation

Medicare Rights Center

National Adult Day Services Association (NADSA)

National Association for Home Care & Hospice

National Association of Nutrition and Aging Services Programs (NANASP)

National Committee to Preserve Social Security and Medicare

National Consumer Voice for Quality Long-Term Care

National Council on Aging (NCOA)

National Health Law Program (NHLP)

National Multiple Sclerosis Society

National Partnership for Women & Families

OWL-The Voice of Women 40+

State Health Insurance Assistance Program (SHIP) Steering Committee

Transplant Recipients Organization International (TRIO)

Volunteers of America

Women's Institute for a Secure Retirement (WISER)